

# APPENDIX A. Facsimile of Questionnaire

O.M.B. No. 41-S71078; Approval Expires December 31, 1973

<p><b>FORM TC-200</b> (9-29-71)</p> <p style="text-align: center;"><b>U.S. DEPARTMENT OF COMMERCE BUREAU OF THE CENSUS</b></p> <p style="text-align: center;"><b>1972 CENSUS OF TRANSPORTATION TRUCK INVENTORY AND USE SURVEY</b></p>	<p><b>NOTICE</b> - Response to this inquiry is required by law (Title 13, U.S. Code). By the same law, your report to the Census Bureau is confidential. It may be seen only by sworn Census employees and may be used only for statistical purposes. The law also provides that copies retained in your files are immune from legal process.</p>			
<p><b>INSTRUCTIONS</b></p> <p>In correspondence pertaining to this report, please include State and license number.</p> <p>Return the form in the enclosed pre-addressed postage-paid envelope not later than 15 days after receipt to:</p> <p style="text-align: center;"><b>Bureau of the Census ATT: Transportation Division Washington, D.C. 20233</b></p>	<p style="text-align: center;"><b>1</b> (Please correct any error in name and address including ZIP code) <b>2</b></p>			
<p><b>Item 1 - VEHICLE IDENTIFICATION</b></p> <p>Please correct any errors or omissions in the identification of the vehicle.</p>				
<p style="text-align: center;">Make</p>	<p style="text-align: center;">Year model</p>	<p style="text-align: center;">Registered weight or capacity</p>	<p style="text-align: center;">State</p>	<p style="text-align: center;">License No.</p>
3	4	5		
<p><b>NOTE:</b> Please complete this form whether or not you are still the owner of the vehicle identified in item 1.</p>				
<p><b>Item 2 - OWNERSHIP OF VEHICLE</b></p> <p>Are you still the owner (or license holder) or lessee of this vehicle?</p> <p>1 <input type="checkbox"/> Yes</p> <p>2 <input type="checkbox"/> No</p> <p>When did you sell, trade, or otherwise dispose of it? . . . . .</p>	<p style="text-align: center;"><b>6</b></p> <p style="text-align: center;">Month and year</p>	<p><b>Item 5 - VEHICLE MILES</b></p> <p style="text-align: center;"><b>ANNUAL MILES</b></p> <p style="text-align: right;">Miles <b>11</b></p> <p>a. What are the total miles this vehicle was driven during the past 12 months? . . .</p> <p>If vehicle was idle for the year enter "None." If less than 12 months, estimate probable miles for a year.</p> <p style="text-align: center;"><b>LIFE TIME MILES</b></p> <p style="text-align: right;">Miles <b>12</b></p> <p>b. What are the total miles this vehicle has been driven since new? . . . . .</p> <p>Give speedometer (odometer) reading or if not indicated by speedometer, give your best estimate.</p>		
<p><b>Item 3 - ACQUISITION OF VEHICLE</b></p> <p>How did you acquire this vehicle?</p> <p>1 <input type="checkbox"/> Purchased new</p> <p>2 <input type="checkbox"/> Purchased used - Specify year purchased → _____</p> <p>3 <input type="checkbox"/> Leased from someone else</p>	<p style="text-align: center;"><b>7</b></p>	<p style="text-align: center;"><b>Item 6 - LEASED TO OTHERS WITHOUT DRIVER</b></p> <p>During the past 12 months, did you use this vehicle MOSTLY for leasing or renting (without driver) to others?</p> <p>1 <input type="checkbox"/> No - Go to item 7 on page 2</p> <p>2 <input type="checkbox"/> Yes - Was this vehicle usually leased or rented for:</p> <p style="text-align: right;"><b>13</b></p> <p style="text-align: right;">1 <input type="checkbox"/> Less than 30 days? - Go to item 9</p> <p style="text-align: right;">2 <input type="checkbox"/> 30 days or longer? - Go to item 7 <b>14</b></p>		
<p><b>Item 4 - BASE OF OPERATION</b></p> <p>a. What was the principal place from which the vehicle was operated?</p> <p>City or town</p> <p>County</p> <p style="text-align: center;">8 State 9</p> <p>b. Was this vehicle operated almost entirely in the State named in 4a?</p> <p>1 <input type="checkbox"/> Yes</p> <p>2 <input type="checkbox"/> No</p>	<p style="text-align: center;"><b>10</b></p>	<p style="text-align: center;"><b>Item 6 - LEASED TO OTHERS WITHOUT DRIVER</b></p> <p>During the past 12 months, did you use this vehicle MOSTLY for leasing or renting (without driver) to others?</p> <p>1 <input type="checkbox"/> No - Go to item 7 on page 2</p> <p>2 <input type="checkbox"/> Yes - Was this vehicle usually leased or rented for:</p> <p style="text-align: right;"><b>13</b></p> <p style="text-align: right;">1 <input type="checkbox"/> Less than 30 days? - Go to item 9</p> <p style="text-align: right;">2 <input type="checkbox"/> 30 days or longer? - Go to item 7 <b>14</b></p>		

Please continue on page 2

**Item 7 – MAJOR USE OF THE TRUCK OR COMBINATION**

15

How was the vehicle mostly used during the past 12 months? (Mark (X) one box)

If the vehicle was leased to someone else (without driver) for periods of 30 days or more, mark (X) ONE box that describes the business of the person or company to whom you leased the vehicle the longest time.

- |   |   |
|---|---|
| <ul style="list-style-type: none"> <li>01 <input type="checkbox"/> Own farm or ranch or other agricultural activity</li> <li>02 <input type="checkbox"/> In forestry or lumbering</li> <li>03 <input type="checkbox"/> In mining or quarrying</li> <li>04 <input type="checkbox"/> In construction, buildings or roads</li> <li>05 <input type="checkbox"/> In manufacturing or processing</li> <li>06 <input type="checkbox"/> In wholesale and/or retail</li> <li>07 <input type="checkbox"/> For-hire transportation – Includes trucking services known as drayage, local cartage, household goods movers, common or contract motor carriers, commercial motor carriers, leased with driver, "owner-operators" under lease or contract.</li> </ul> | <ul style="list-style-type: none"> <li>08 <input type="checkbox"/> For personal transportation – Used in place of an automobile to go from home to work; for outdoor recreation; camping; fishing; etc.</li> <li>09 <input type="checkbox"/> In utilities – telephone, electric, gas, etc.</li> <li>10 <input type="checkbox"/> In services – hotel, automobile repair, laundry, funeral services, advertising, plumbing repair, etc.</li> <li>11 <input type="checkbox"/> Other – If none of the above applies to the use you make of the vehicle, describe the main use of the vehicle here.</li> </ul> |
|---|---|

**Item 8 – PRINCIPAL PRODUCTS CARRIED**

16

Mark (X) ONE box which indicates product usually carried by this vehicle.

- |   |  |
|---|--|
| <ul style="list-style-type: none"> <li>01 <input type="checkbox"/> Farm products (fruit, grain, livestock, poultry, dairy products, florist and nursery products, etc.)</li> <li>02 <input type="checkbox"/> Mining products</li> <li>03 <input type="checkbox"/> Logs and other forest products</li> <li>04 <input type="checkbox"/> Processed foods (dressed meat, beverages, tobacco, etc.)</li> <li>05 <input type="checkbox"/> Textile mill products, including apparel and leather goods, etc.</li> <li>06 <input type="checkbox"/> Building materials (lumber, millwork, sand, gravel, glass, concrete, etc.)</li> <li>07 <input type="checkbox"/> Household goods (moving)</li> <li>08 <input type="checkbox"/> Furniture or hardware (not including household goods moving)</li> <li>09 <input type="checkbox"/> Paper products, including printing and publishing products</li> <li>10 <input type="checkbox"/> Chemicals or related products (including drugs, paints, fertilizers, etc.)</li> </ul> | <ul style="list-style-type: none"> <li>11 <input type="checkbox"/> Petroleum or petroleum products</li> <li>12 <input type="checkbox"/> Primary metal products (ingot, billets, pipes, sheets, etc.)</li> <li>13 <input type="checkbox"/> Fabricated metal products except machinery and transportation equipment</li> <li>14 <input type="checkbox"/> Machinery except electrical</li> <li>15 <input type="checkbox"/> Electrical machinery, equipment, and supplies, including household appliances</li> <li>16 <input type="checkbox"/> Transportation equipment (motor vehicles, trailers, boats, motorcycles, etc.)</li> <li>17 <input type="checkbox"/> Scrap, refuse, and garbage</li> <li>18 <input type="checkbox"/> Mixed cargos</li> <li>19 <input type="checkbox"/> Used mainly for personal transportation or as a service vehicle such as a "traveling workshop" or is equipped with a crane, compressor, etc.)</li> <li>20 <input type="checkbox"/> Other – Describe →</li> </ul> |
|---|--|

**Item 9 – PICKUP, PANEL, MULTI-STOP OR WALK-IN**

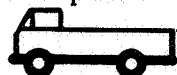
a. Does this truck have a pickup, panel, multi-stop or walk-in body?

- 1 ☐ No
- 2 ☐ Yes – Mark (X) the box in front of illustration of type and answer "b" and "c"

17

1 ☐ Pickup truck

18

2 ☐ Panel truck3 ☐ Multi-stop or walk-in

b. Does this pickup, panel, multi-stop or walk-in truck have 4-wheel drive?

- 1 ☐ Yes
- 2 ☐ No

19

c. Is this pickup, panel, multi-stop or walk-in truck equipped with a camper body or other special camping equipment?

- 1 ☐ Yes
- 2 ☐ No

20

Please continue below

**Item 10 – GROSS VEHICLE WEIGHT****21**

Mark (X) ONE box that is nearest the maximum gross weight (empty weight of vehicle plus carried load) at which this truck or combination was operated during the past 12 months.

- |  |  |  |
|--|--|--|
| 01 <input type="checkbox"/> 6,000 or less    | 06 <input type="checkbox"/> 19,501 to 26,000 | 11 <input type="checkbox"/> 60,001 to 70,000   |
| 02 <input type="checkbox"/> 6,001 to 10,000  | 07 <input type="checkbox"/> 26,001 to 32,000 | 12 <input type="checkbox"/> 70,001 to 80,000   |
| 03 <input type="checkbox"/> 10,001 to 14,000 | 08 <input type="checkbox"/> 32,001 to 40,000 | 13 <input type="checkbox"/> 80,001 to 100,000  |
| 04 <input type="checkbox"/> 14,001 to 16,000 | 09 <input type="checkbox"/> 40,001 to 50,000 | 14 <input type="checkbox"/> 100,001 to 130,000 |
| 05 <input type="checkbox"/> 16,001 to 19,500 | 10 <input type="checkbox"/> 50,001 to 60,000 | 15 <input type="checkbox"/> 130,001 and over   |

**Item 11 – TYPE AND SIZE OF BODY**

Mark (X) ONE box to describe the type of body of the truck or combination. If the power unit is a truck-tractor, report body type of the combination most frequently used with the power unit.

Mark (X) ONE box to indicate length of load space or capacity. If two or more trailing units, (X) box for combined length or capacity.

**BODY TYPE**

- |   |   |           |
|---|---|-----------|
| 01 <input type="checkbox"/> Pickup, panel, multi-stop, walk-in  | } | <b>22</b> |
| 02 <input type="checkbox"/> Platform with added devices – such as feed, fertilizer, lime or water spreader; dumping device, etc.        |   |           |
| 03 <input type="checkbox"/> Other platform – including stake, grain, flatbed, low bed, depressed center, etc.                           |   |           |
| 04 <input type="checkbox"/> Cattle rack (hogs, calves, and other livestock)   |   |           |
| 05 <input type="checkbox"/> Insulated non-refrigerated van  |   |           |
| 06 <input type="checkbox"/> Insulated refrigerated van  |   |           |
| 07 <input type="checkbox"/> Furniture van   |   |           |
| 08 <input type="checkbox"/> Open top van  |   |           |
| 09 <input type="checkbox"/> All other enclosed vans   |   |           |
| 10 <input type="checkbox"/> Beverage  |   |           |
| 11 <input type="checkbox"/> Utility (body equipped for mobile repair and service, e.g., telephone line truck, electrical utility, etc.) |   |           |

**Length of load space (feet)**

- |   |           |
|---|-----------|
| 01 <input type="checkbox"/> Under 10            | <b>23</b> |
| 02 <input type="checkbox"/> 10 and less than 13 |           |
| 03 <input type="checkbox"/> 13 and less than 16 |           |
| 04 <input type="checkbox"/> 16 and less than 20 |           |
| 05 <input type="checkbox"/> 20 and less than 28 |           |
| 06 <input type="checkbox"/> 28 and less than 36 |           |
| 07 <input type="checkbox"/> 36 and less than 41 |           |
| 08 <input type="checkbox"/> 41 or more          |           |

- |  |   |  |
|--|---|--|
| 12 <input type="checkbox"/> Garbage or refuse collector        | } | <b>Do not specify body size for these types.</b> |
| 13 <input type="checkbox"/> Winch or crane, other than wrecker |   |  |
| 14 <input type="checkbox"/> Wrecker                            |   |  |
| 15 <input type="checkbox"/> Pole or logging                    |   |  |
| 16 <input type="checkbox"/> Auto transport                     |   |  |

20 ☐ Dump truck or combination

Capacity of dump (water level without side boards) (cubic yards)

- |                                      |  |  |
|--------------------------------------|--|--|
| 21 <input type="checkbox"/> Under 5  | 24 <input type="checkbox"/> 10 to 11.9 | 27 <input type="checkbox"/> 18 to 19.9 |
| 22 <input type="checkbox"/> 5 to 6.9 | 25 <input type="checkbox"/> 12 to 14.9 | 28 <input type="checkbox"/> 20 to 29.9 |
| 23 <input type="checkbox"/> 7 to 9.9 | 26 <input type="checkbox"/> 15 to 17.9 | 29 <input type="checkbox"/> 30 or more |

30 ☐ Tank truck or combination (for liquids)

Liquid capacity of tank (gallons)

- |   |   |
|---|---|
| 31 <input type="checkbox"/> Less than 1,000 | 35 <input type="checkbox"/> 4,000 to 5,999  |
| 32 <input type="checkbox"/> 1,000 to 1,999  | 36 <input type="checkbox"/> 6,000 to 7,999  |
| 33 <input type="checkbox"/> 2,000 to 2,999  | 37 <input type="checkbox"/> 8,000 to 11,999 |
| 34 <input type="checkbox"/> 3,000 to 3,999  | 38 <input type="checkbox"/> 12,000 or more  |

40 ☐ Tank truck or combination (for dry bulk)

Dry bulk capacity (cubic feet)




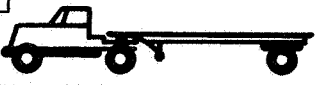
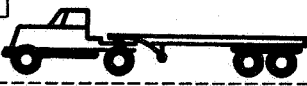

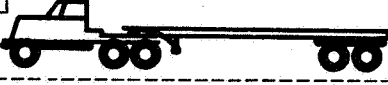

- |   |  |
|---|--|
| 41 <input type="checkbox"/> Less than 300 | 44 <input type="checkbox"/> 900 to 1,199   |
| 42 <input type="checkbox"/> 300 to 599    | 45 <input type="checkbox"/> 1,200 to 1,499 |
| 43 <input type="checkbox"/> 600 to 899    | 46 <input type="checkbox"/> 1,500 or more  |

50 ☐ Concrete mixer

Capacity of mixer (cubic yards)

- |   |  |  |
|---|--|--|
| 51 <input type="checkbox"/> Less than 6 | 54 <input type="checkbox"/> 8 to 8.9   | 57 <input type="checkbox"/> 11 to 11.9 |
| 52 <input type="checkbox"/> 6 to 6.9    | 55 <input type="checkbox"/> 9 to 9.9   | 58 <input type="checkbox"/> 12 or over |
| 53 <input type="checkbox"/> 7 to 7.9    | 56 <input type="checkbox"/> 10 to 10.9 |  |

60 ☐ Other body types –  
(If the above descriptions do not satisfactorily describe your vehicle, please enter identifying body type and size or capacity.)

<b>Item 12 – VEHICLE TYPE</b> <span style="float: right;">24</span> Is this vehicle a single unit truck or is it a truck-tractor? 1 <input type="checkbox"/> Single unit truck      2 <input type="checkbox"/> Truck-tractor	<b>Item 15 – CAB TYPE</b> <span style="float: right;">27</span> Does this vehicle have a tilt cab? 1 <input type="checkbox"/> Yes      2 <input type="checkbox"/> No										
<b>Item 13 – AXLE ARRANGEMENT</b> <span style="float: right;">25</span> Mark (X) ONE box that illustrates the AXLE ARRANGEMENT of this truck or truck-tractor with the trailing unit most frequently used with the power unit. <div style="margin-top: 10px;">           1 <input type="checkbox"/>  </div> <div style="margin-top: 10px;">           2 <input type="checkbox"/>  </div> <div style="margin-top: 10px;">           3 <input type="checkbox"/>  </div> <div style="margin-top: 10px;">           4 <input type="checkbox"/>  </div> <div style="margin-top: 10px;">           5 <input type="checkbox"/>  </div> <div style="margin-top: 10px;">           6 <input type="checkbox"/>  </div> <div style="margin-top: 10px;">           7 <input type="checkbox"/>  </div> <div style="margin-top: 10px;">           8 <input type="checkbox"/>  </div> <div style="margin-top: 10px;">           9 <input type="checkbox"/> If none of the above applies, please indicate total number of axles on:           <table border="1" style="display: inline-table; margin-left: 20px;"> <tr> <td style="width: 150px;">Truck or truck-tractor . . . . .</td> <td>Total axles</td> </tr> <tr> <td>Trailing unit(s) . . . . .</td> <td></td> </tr> </table> </div>	Truck or truck-tractor . . . . .	Total axles	Trailing unit(s) . . . . .		<b>Item 16 – TYPE OF FUEL</b> <span style="float: right;">28</span> What type of fuel is used with this vehicle? 1 <input type="checkbox"/> Gasoline    2 <input type="checkbox"/> Diesel    3 <input type="checkbox"/> LPG or other						
Truck or truck-tractor . . . . .	Total axles										
Trailing unit(s) . . . . .											
<b>Item 17 – MAINTENANCE</b> <span style="float: right;">29</span> When MAJOR repairs were needed on this vehicle, were they usually done by: 1 <input type="checkbox"/> Yourself? 2 <input type="checkbox"/> Truck dealer or factory branch? 3 <input type="checkbox"/> Own repair shop (set up specifically for maintenance)? 4 <input type="checkbox"/> Independent garage? 5 <input type="checkbox"/> Other? – Describe _____											
<b>Item 18 – AREA OF OPERATION</b> <span style="float: right;">30</span> Where was this vehicle MOSTLY operated? Mark (X) ONE box only. 1 <input type="checkbox"/> Mostly in the local area (in or around the city and suburbs, or within a short distance of the farm, factory, mine, or place vehicle is stationed). 2 <input type="checkbox"/> Mostly over-the-road (beyond the local area) but usually not more than 200 miles one way to the most distant stop from the place vehicle is stationed. 3 <input type="checkbox"/> Mostly over-the-road trips that usually are more than 200 miles one way to the most distant stop from place the vehicle is stationed.											
<b>Item 19 – NUMBER OF TRUCKS, TRUCK-TRACTORS AND TRAILERS OPERATED FROM "BASE OF OPERATIONS"</b> How many trucks, truck-tractors and trailers are you operating from the base named in item 4 on page 1? Report total number including the vehicle which you described on this questionnaire. <table border="1" style="width: 100%; margin-top: 10px;"> <tr> <th></th> <th style="text-align: center;">Total</th> </tr> <tr> <td>Pickups, panels, multi-stops or walk-ins . . . . .</td> <td style="text-align: center;">31</td> </tr> <tr> <td>Other trucks . . . . .</td> <td style="text-align: center;">32</td> </tr> <tr> <td>Truck-tractors . . . . .</td> <td style="text-align: center;">33</td> </tr> <tr> <td>Trailers (semi- and full trailers) . . . . .</td> <td style="text-align: center;">34</td> </tr> </table>			Total	Pickups, panels, multi-stops or walk-ins . . . . .	31	Other trucks . . . . .	32	Truck-tractors . . . . .	33	Trailers (semi- and full trailers) . . . . .	34
	Total										
Pickups, panels, multi-stops or walk-ins . . . . .	31										
Other trucks . . . . .	32										
Truck-tractors . . . . .	33										
Trailers (semi- and full trailers) . . . . .	34										
<b>Item 14 – POWERED AXLES</b> <span style="float: right;">26</span> How many driving (powered) axles does this vehicle have? Report tandem axles as two axles. 1 <input type="checkbox"/> One      3 <input type="checkbox"/> Three 2 <input type="checkbox"/> Two      4 <input type="checkbox"/> Four or more	<b>Item 20 – Name of person to contact regarding this report</b> Address (Number and street, city, State, ZIP code) _____ Telephone (Area code, number, extension) _____										
<b>CERTIFICATION</b> – This report is substantially accurate and has been prepared in accordance with instructions.											
<b>Item 21 – Signature of person preparing this report</b>	Title _____ Date _____										